

LONDON AMBULANCE SERVICE

TRUST BOARD

Tuesday 31st May 2005

**Held in the Conference Room, LAS HQ
220 Waterloo Road, London SE1 8SD**

Present:	Sigurd Reinton	Chairman
	Peter Bradley	Chief Executive
	<u>Non Executive Directors</u>	
	Barry MacDonald	Non Executive Director
	Sarah Waller	Non Executive Director
	Beryl Magrath	Non Executive Director
	Colin Douglas	Non Executive Director
	<u>Executive Directors</u>	
	Mike Dinan	Director of Finance
	Fionna Moore	Medical Director
	Wendy Foers	Director of Human Resources & Organisation Development
	Caron Hichen	New Director of Human Resources & Organisation Development
	Martin Flaherty	Director of Operations
Apologies:	Toby Harris	Non Executive Director
In Attendance:	Mairead Doyle	Director of PTS (Acting)
	David Jervis	Director of Communications
	Mike Boyne	Head of Operational Support
	Kathy Jones	Director of Service Development
	Margaret Vander	Operational Development Manager
	Martin Brand	Head of Planning & Programme Management
	Paul Carswell	Diversity Manager
	Jon Berry	Head of Professional Standards Unit
	John Wilkins	Head of Governance
	Vishy Harihara	Patients' Forum Representative
	Colin Hill	Member of the public
	Collette Whitehead	Member of the public
	Mark Jefferies	Member of the LAS Patients' Forum
	Phaedra Stavriou	Communications Officer
	Simon Harding	Senior Operations Officer, CAC
	Christine McMahon	Trust Secretary (Minutes)

44/05 Declarations of Further Interest

There were no further declarations of interest.

45/05 Opportunity for Members of the Public to ask Questions

There were no questions.

46/05 Minutes of the Meeting held on 29th March 2005

Agreed: 1. The minutes of the meeting held on 29th March 2005 with the exception of the following corrections:

- Minute 35.05 – ‘although feedback is received’ should read ‘although feedback can be received’
- Minute 39.05 – a preliminary meeting of the complaints panel is scheduled for the afternoon of the 29th March 2005

Noted: 2. The synopsis of the Trust Board’s discussion in Part II of the meeting held on 29th March 2005.

47/05 Matters Arising

Minute 28.05 – The Finance Director undertook to circulate further information regarding the underlying assumptions about overtime in the 2005/06 budget.

48/05 Report of the Chairman

The Chairman, on behalf of the Trust Board, thanked Wendy Foers for her sterling work at the LAS during the last eleven years. During her time as the HR Director relations with the Trade Unions have been transformed this has helped the Service to introduce changes that have benefited both patients and staff. The Chairman reported that the Branch Secretary, Unison paid Wendy a personal tribute at her recent formal leaving do. The Chairman concluded his speech by presenting Wendy with a token of the Trust Board’s appreciation. Wendy Foers thanked the Chairman, Members of the Board and colleagues, and especially Peter Bradley, for their support over the years.

The Chairman has invited Lord (Norman) Warner, recently appointed Minister of State for NHS Delivery, to visit the LAS. He has also written to Patricia Hewitt asking if she would present the annual LAS Awards. It was noted that Ian Dodge has been appointed the new Health Adviser to the Prime Minister, and the Chairman will be meeting with him in the near future.

A decision was awaited on whether and if so how the five Strategic Health Authorities would be merged into one organisation to create a London Strategic Health Authority.

At a recent joint meeting of the Reference and Steering Group for the Integrated Urgent & Emergency Care Project it was agreed that most of the activities outlined in the plan could be undertaken by the LAS. Funding was now being sought to enable the delivery of key components of integrated care in London.

The new Board of the Ambulance Service Association met recently and redrew the Chief Executive Officer’s job specification. The post is being advertised and the present incumbent has been invited to apply.

49/05 Report of the Chief Executive

Performance: The Chief Executive hoped that the Trust would retain its rating of two stars; a decision was expected in July 2005. Although the Trust managed to achieve 75% response time in April the Board were advised that the Service struggled in May. Category A performance for May was 73/74% due to increased work load. Under the new DOH reporting arrangements there have been significant changes to what is included as Category A call. For example, children under two are no longer automatically considered to be Category A. With the implementation of AMPDS 11.2 there is a better overlap between Category A calls and what the LAS treats as Red calls.

The LAS, along with some other Ambulance Trusts, is struggling to maintain performance in the face of a substantial increase in the number of Category A calls... Further analysis was taking place to try to understand the reasons for this increase.

CAC: in April sickness had fallen to 9%. The ACAO for CAC has been given additional authorities - e.g. to hold capability hearings and if necessary to dismiss, which will hopefully address some of the issues experienced in CAC.

CAC now has a new mess room which has dramatically improved the working environment for staff.

Urgent Care: Ian Todd has been appointed on a two year contract as the Head of Urgent Care. He will be responsible for co-ordinating urgent care and will also be providing clinical support to the Medical Director.

Patient Transport Service: The Chief Executive reported that following the loss of the Hammersmith contract it has been possible to absorb thirty PTS staff who wished to continue working for the Service.

Patient & Public Involvement: Margaret Vander has been appointed as the Patient and Public Involvement Manager and takes up her new post in July 2005.

Staffing: the five day Continuous Professional Development (CPD) programme is about to commence for front line staff, following delivery to Team Leaders

A review of the Sector Operating Model has recently been undertaken and a report will be presented to the Service Development Committee (SDC) in June. There will also be a presentation regarding the proposed restructure of A&E and PTS at the June SDC meeting.

PTS and A&E took delivery of 20 new ambulances; in addition to the air conditioning in the rear of the vehicles; the vehicles also included approximately 40 or so modifications suggested by staff.

Overseas travel: following approval under Chairman's Urgent Action two members of staff travelled to Mumbai (India) to deliver training to staff of the new Ambulance Service that is being set up there. It has been reported that the opening ceremony was very impressive and that it had been attended by the Deputy Prime Minister.

The Trust Board was made aware that the fall in performance is linked to less staff wishing to work overtime. The amount of overtime being worked by staff has been seriously impacted by the introduction of Agenda for Change and the loss of differential pay for working overtime at the weekends.

In reply to a query from Beryl Magrath the Director of Operations confirmed that an external organisation, Operational Research Health, have been asked to advise how performance could be improved using existing resources and how performance could be made more equal across London. The company have been given between three and four years of data which they will be able to use to produce different models. They will produce a number of options for the Senior Management Group as to how existing resources could be used to better effect. The Chief Executive commented that the Trade Unions would be consulted prior to any changes in operations. **ACTION: interim report to be presented to the SDC in June 2005.**

Biggin Hill: the Director of Operations reported that a co-responder scheme had been introduced in Biggin Hill to address operational issues in that area. Due to the low volume of work generated in the area the use of stand-by could not be justified.

Barry McDonald queried why the changes in demand resulting from the introduction of AMPDS 11.2 had not been anticipated as something similar had happened previously when AMPDS 11.1 had been introduced. The Chief Executive replied that the DOH had implemented new call category determinants at the same time as we were

implementing version AMPDS 11.2 and that a fall/rise in performance of 3% had been predicted. In practice it appears that the new AMPDS 11.2 is more sensitive to weather than the previous version (for example, on 27th May temperatures were in the mid 30s and Category A demand increased by 10%). Category B performance has declined and this is also being further analysed.

Colin Douglas was assured that the problems reported with the new ambulances were not affecting performance but were issues that should have been dealt with by the Manufacturer's quality control system. It was reported that the vehicles have been well received by staff.

Colin Douglas felt that the Continuous Professional Development was a very positive step by the Service and asked what further support staff were being supported. The Medical Director reported that the trainers at complex level were ensuring that the basic skills of front line crews attending the course were at an appropriate level. The Service is ensuring that all A&E staff receives 5 days off the road training over the next two years. The Director of Operations confirmed that the training was compulsory.

With regard to PTS the Chief Executive commented that the majority of PTS staff have received training the last 12 months. A review will take place to identify how much of the CPD programme is relevant for PTS staff and it is hoped that the course can be delivered later in the year.

The Director of Operations reported that work was being undertaken to find ways to maintain staffing levels and thus to meet performance targets. New staffs are being recruited but they will not be in post until 12-14 months after joining. In the meantime the Service is reliant on staff working excessive overtime, which is not a reliable way to run a service. He hoped in the future to be at full establishment and make more use of pools rather than be dependent on overtime.

Within the National Health Service as a whole Ambulance Services have been most directly affected by the changes introduced by the Agenda for Change. This is particularly due to the loss of the flexibility to make differential payments for working overtime at weekends.

Noted: That the Chairman's Action had been used to grant approval for two members of staff to travel to India.

50/05 HR Director's Report

The HR Director reported that the Trust has been awarded Practice Plus status by the Improving Working Lives Panel (IWLP). The review highlighted how proud people are to work for the LAS. The LAS IWLP Steering Group will be responsible for implementing issues in the report.

Agenda for Change: three practitioner profiles have been published and work is being done on job matching EMTs, Paramedics and ECPs to them; discussions are taking place with staff side on how to manage the process. The Trust Board will be kept informed of progress in early July.

The HR Director reported that job descriptions for all staff are being finalised and work on banding and evaluation is being undertaken. It was anticipated that PTS, most of the Finance Directorate and most of Fleet will be assimilated in May 2005. The target for completion is September 2005 and it will be a significant task for the Trust. Two remaining challenges for the Trust are the introduction of a 37.5 hour working week for A&E staff and the management of meal breaks.

Associated with Agenda for Change is the introduction of the Knowledge and Skills Framework and managers are currently receiving training on how to implement the programme. The Trust is required to have a Knowledge and Skills Framework outline for 40% of all staff agreed by end of May 2005. This target will be achieved if the EMT job profile is agreed this week.

Attendance management: though absenteeism fell in April the HR Director felt the Service Improvement Programme target of achieving 5.5% by April 2006 remains a significant challenge.

Home computer: a system is being introduced whereby staff can lease or purchase a computer and have the cost deducted from salaries thereby saving money on tax and national insurance for both the employee and employer .

Pay date: following staff consultation it has been agreed that with effect from 27th June the pay date will be on the 27th of the Month rather than the last Wednesday of the month.

The Board was asked to note the information regarding workforce for A&E, CAC, for 2005/06, any assumptions have been stated.

Disciplinary policy: the HR Director reported that this had been a difficult document to negotiate and it has been agreed with staff side subject to Trust Board approval. The two main proposed changes to the policy are the granting to Directors of the authorisation to terminate contracts, and that the duration of written or verbal warnings are from the date of the disciplinary hearing and not the incident.

In response to a question from Beryl Magrath the HR Director said that the 11 weeks timescale for hearings was achievable; albeit that some hearings can take longer than 11 weeks when the Police or Coroner is involved. Beryl Magrath was assured that suspensions are actively managed.

Sarah Waller suggested that in addition to the reference to the loss of a driving licence there should also be reference to loss of professional registration. She would also like to see it explicitly stated that a letter will be sent following a dismissal, and suggested that in clause 8.8 there should be a timescale for the submission of new evidence

There was a lengthy but inconclusive discussion concerning the need for an Appeals Panel composed of three members, including one Non-Executive Director. It was suggested that in non-NHS organisations the Chief Executive is ultimately responsible for dismissing staff and that that to operate appeals panels that could overturn his or her decisions might be inappropriate. However it was recognised that the Appeals Panels are seen as a way of making sure people get a fair hearing especially when there is an independent chair. Appeal Panels have heard 12-15 appeals against dismissal in 2004/05 .

Gross Misconduct (6.4): There was discussion around the statement “the above list (of what constituted gross misconduct) should not be regarded as exhaustive”. Though Barry MacDonald had concerns that it was too open, it was generally agreed that a comprehensive and exhaustive list would be difficult to draw up.

The Chairman suggested that a preamble should be included at the start of the Disciplinary Policy stating that the Disciplinary Procedure should be viewed as a last resort, to be used for serious cases or where other approaches have failed. Managers are expected to deal, wherever possible, with most problems that arise face to face with the person concerned as part of the daily business of managing people.

Race Equality Scheme: the Trust Board reviewed and approved the Race Equality Scheme. The scheme contains two sections; the race equality scheme itself, and the plan for how diversity would be delivered. It was noted that the Trust would continue

to refine the data collection necessary for implementation of the Race Equality Scheme.

- Agreed:**
- 1. To approve the revised Disciplinary Policy**
 - 2. To approve the revised Race Equality Scheme**
- Noted:**
- 3. That the Equality and Diversity Policy Statement and Employment Policy have been revised**
 - 4. That the Bullying and Harassment Policy has been updated**

51/05 Month 12 – 2004/05 Finance Report and draft year end accounts

The Finance Director reported that although month 12 costs were over budget by £498,000, the year end position showed a final surplus of £736,000 income over expenditure. It was reported that £600,000 had been brokered to the Strategic Health Authority; the funds will be given back to the LAS in July 2005. A&E operations had an £1.6m overspend and corporate support had £2.2 underspend. PTS had a deficit due to Agenda for Change (AfC) costs put through; this had been not explicitly budgeted in 2004/05.

In response to Sarah Waller's question on whether the brokering £600,000 had affected negotiations with Commissioners the Finance Director responded that the Commissioners understood that the bulk of the surplus was due to interest earned on AfC money.

- Noted:**
- 1. The report**
 - 2. That the surplus for 2004/05 will be £736,000**

52/05 Month 1 – 2005/06 Finance Report

The Finance Director presented the new format for presenting financial information to the Trust Board, with information being presented in a way that better facilitates their understanding of trends and differences. He emphasised that the report is a work in progress as there are still parts of it that require further development.

The Board expressed their approval of the new format which they felt meant information is more transparent. It was confirmed that the staff figures would be reconciled with the HR report. The Chairman felt it was a most welcome step in the right direction.

- Noted: The report**

53/05 Report of the Medical Director

The Medical Director reported that the Trust had been awarded Level 2 in the NHS LA Risk Management standard for the provision of pre hospital care. One of the key objectives for 2005/06 is to achieve Level 3.

CHI action plan – the SWLHA have been informed of progress made against the CHI action plan and of the Trust's intention to incorporate remaining actions within the new Standards for Better Health. In future the format of the Medical Director's report will reflect the 7 domains of the standards for better health which will enable the Board to be kept informed of the Trust's compliance. A draft statement of compliance will be presented to the Board in September with a final statement being presented in April 2006.

The Finance Director wished to record his thanks to John Wilkins and Claire Glover for their efforts in ensuring that the Trust achieved NHALA level 2.

The Board were asked to approve overseas travel for eight members of staff to attend 'Scandinavian update 2005, a conference on trauma, resuscitation and emergency

medicine. This will be held in Stavanger from 7th to 10th September 2005. Laerdal has offered to pay airfares, accommodation and conference fees as the Conference also includes the presentation of research to which the LAS has contributed.

The Chairman welcomed the new format of the Medical Director's report which he found useful. He felt encouraged by Dr Donohoe's report on Seattle and how that city has achieved its excellent performance in treating cardiac arrest. Although Seattle are ahead of London, the things they have done to achieve their results are the very ones we are working to implement in London. Perhaps the most dramatic difference is that approximately 40% of Seattle's population is trained in basic life support. It is part of the school curriculum.

Agreed: 1. To approve the request for overseas travel for 8 members of staff to travel to conference in Sweden

**Noted: 2. The Medical Director's report
3 Dr Rachel Donohoe's report regarding Seattle**

54/05 Mental Health Policy

The Operational Development Manager (Service Development Directorate) gave a presentation to the Board regarding the proposed Mental Health Policy. It was noted that approximately 1/4 of the population will at some point have some kind of mental illness.

In reply to a question from Colin Douglas on what factors contributed to a stressful occupation the Operational Development Manager said that research has shown that actual contact with the public is a factor on how stressful an occupation is i.e. face : face contact as opposed to telephone contact.

The Operational Development Manger confirmed that the LAS is represented on the London wide mental health strategic group which also includes service users. The Operational Development Manager also confirmed that negotiations were taking place between the Police and the LAS with regard to clarifying their respective roles when there were incidences involving patients with mental health issues.

**Agreed: 1. To support the recommendations set out in the policy
2. To thank Margaret Vander for her work on the Mental Health Policy and wished her well in her new role as Patient Public Involvement Manager.**

55/05 Risk Management Framework

The Board considered the updated risk management framework which included key indicators and the terms of reference for various groups. **ACTION: A further report regarding integrated governance would be presented to the next Audit Committee.**

There was a brief discussion regarding the risk matrix and the Head of Governance explained that low prioritisation required no action.

Agreed: To approve the risk management framework policy

56/05 Service Improvement Programme Update

The Head of Planning & Programme Management gave a brief update regarding the Service Improvement Programme.

Following the last Trust Board meeting the programme now contained 283 items as 29 items had either been carried forward to the successor to the SIP or been consolidated following a review of work undertaken recently by PTS.

The outcomes' status was reported as: 15 green, 20 at amber and 5 red. It was reported that one outcome was unlikely to be achieved by March 2006 – '*Resource demand/match compliance significantly improved on sectors*' as there has been no growth in front line establishment funded by commissioners the Trust's ability to impact on this area is limited; it remains at 89.% compliant.

Noted: The progress made with the SIP

57/05 Consent to Examination or Treatment Policy

A draft Policy on Consent to Examination or Treatment was presented to the Board for approval. The Medical Director reported that although the DOH has issued guidelines regarding consent in 2003 these were unsuitable for the Ambulance Service as they were aimed at consent in a hospital environment. The proposed Policy reflects the DOH guidance and includes specific guidance for ambulance staff. The CPD programme which all A&E staff will be attending includes an introduction to the concept of consent and how to obtain it. The new form, LA5, includes an assessment of capacity and refusal of examination or treatment.

The Board were asked to give approval subject to feedback from Capsticks (the Trusts's legal advisers). If, following the advice from Capsticks, it should be necessary to make changes to the document; the policy will be brought back to the Board for further approval.

Agreed: 1. To approve the Policy for Consent to Examination or Treatment.
2. To thank David Whitmore and Margaret Vander for their efforts in drafting the Consent Policy.

Noted: 3. That Capsticks views were being sought and, if necessary, the policy would be brought back to the Trust Board on receipt of advice.

58/05 Professional Standards Unit Annual Report

The Chief Executive presented an annual report regarding professional standards unit. There has been a fall in complaints between 2003/04 and 2004/05 – most notably in PTS where complaints fell from 73 to 32. The Professional Standards Unit, besides investigating complaints also deal with driving incidents, vulnerable adult and child protection incidents, clinical risk investigations, presentations to staff and managers.

The acting Head of PSU reported that the bulk of road traffic complaints concerned attitude to other road users. He confirmed that investigations were carried out when there were allegations of traffic offences; if these were incurred as a result of carrying out duties then the LAS negotiated most of the charges with the Metropolitan Police. When individuals are found to be at fault, i.e. the traffic offence has taken place when they are not responding to an emergency; they are responsible for the payment of the fines.

Colin Douglas felt that the Trust could benefit from encouraging complaints and he queried whether the drop in complaints was due to it being difficult to make a complaint. The Director of Communications suggested that the 8-9,000 enquiries handled by the PALS team during the last 18-24 months may have been enquiries that would otherwise have turned into complaints.

The Director of Service Development felt that the Service did seek out feedback from members of the public who had expressed dissatisfaction e.g. some Black Minority Ethnic (BME) groups, patients with sickle cell and mental health users have been asked for feedback. **ACTION: An analysis of the BME patients' feedback will be presented to a future SDC.**

- Noted:**
- 1. The report**
 - 2. That the Complaints Panel will have a semi-independent chair and that it will be a significant step in closing the feedback loop.**

59/05 Report from the Trust Board Secretary – tenders opened since the previous board meeting

One tender have been received since the January Trust Board meeting regarding:
- new Rotherhithe Ambulance Station

It was proposed that the tenders be analysed by the appropriate department and the results of that analysis reported in due course to the Board.

Noted: The report

60/05 Draft Minutes of the Audit Committee

Barry MacDonald, the Chair of the Audit Committee, presented the draft minutes to the Trust Board for information.

The Committee had received reassurance from internal and external auditors as their recommendations had not called into question the validity of internal controls.

Noted: The draft minutes of the Audit Committee – 21st March 2005.

61/05 Draft Minutes of the Risk Management Committee – 21st March 2005.

The Chair of the Risk Management Committee presented the draft minutes to the Trust Board for information. The following items on the risk register were highlighted:

(68) Risk of loss of Patient Report Form or inappropriate access to patient related information, due to lack of security while forms are kept on stations and in departments or during transportation between stations and departments;

(14) Delay in activating vehicles due to difficulties in obtaining address from caller

(15) Risk of cross infection due to ability to replace supplies on a 24 hours basis.

The Risk Management Committee had agreed that *(102) Failing to appreciate the significance and urgency of psychiatric illness and to provide the appropriate response/assistance/treatment* be upgraded to a high priority.

Noted: The minutes of the Risk Management Committee held on 22nd February 2005.

62/05 Any Other Business

Noted: That there was no other business.

63/05 Opportunity for Members of the Public to ask Questions

1. That Vishy Harihara asked whether the DoH would be taking action on independent ambulance operations. The Chief Executive confirmed that the DOH is reviewing the regulation of private ambulances.
2. Mark Jefferies, a member of the LAS Patients Forum, suggested that the LAS should undertake a review of the transport arrangements for cancer patients. He also spoke of work that is being undertaken by the Patients Forum and the cancer network.

The Acting Director of PTS pointed out that PTS does not have a monopoly on patient transport in London. She stated that PTS would be undertaking quarterly

surveys which would focus on cancer and renal patients.

64/05 Date and Venue of the next Trust Board Meeting

Tuesday, 26th July 2005 in the Conference Room, LAS Headquarters, 220 Waterloo Road, London, commencing at 10.00 am.

The meeting concluded at 12.40pm